

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000016439

Entity Name: TORQUE TECHNOLOGIES INC.

FILED
Oct 26, 2005
Secretary of State

Current Principal Place of Business:

1623 W UNIVERSITY PKWY
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

PO BOX 25008
SARASOTA, FL 34277008 US

New Mailing Address:

FEI Number: 59-3304995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAVITT, WILLIAM M
1623 W. UNIVERSITY PKWY
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

FORAN, DAVID
3921 NELSON AVENUE
SARASOTA, FL 34231 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID FORAN

10/26/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAVITT, WILLIAM M
Address: 7727 CROSSOVER DR.
City-St-Zip: MCLEAN, VA 22102

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CAVITT, WILLIAM M
Address: 7727 CROSSOVER DRIVE
City-St-Zip: MCLEAN, VA 22102

Title: VP () Change (X) Addition
Name: CAVITT, CHRISTINE P
Address: 7727 CROSSOVER DRIVE
City-St-Zip: MCLEAN, VA 22102

Title: VP () Change (X) Addition
Name: HAYES, DEBORAH P
Address: 5936 RATHLIN COURT N.W.
City-St-Zip: CONCORD, NC 28027

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH P. HAYES

VP

10/26/2005

Electronic Signature of Signing Officer or Director

Date